This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8/21/08	Address:	_ 2615 N Break soung MODNON /N 47
Case#: 42-29621		MADISON IN 47
County: TOPOSON		
Type of Laboratory Scizure (check one)	Seizure Location (check all that apply)	
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Residence Dutbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (hedroom, kitchen, open ai (check all that apply) Lithium/Ammonia Reaction(s):	ir, etc)	
Red Phosphorous/Iodine Reaction(s):		
⅓-Flammable Solvents:		
Water Reactive Metal (Lithium):		
🔀 Anhydrous Ammonia:		
☑IIydrochloric Acid Gas Generator(s):		
Corrosive Acid:		
Corrosive Base:		
Cther (item and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services	Investigative Information ☐ Ephodrine/Pseudoephodrine Tracking Log ☐ Retail/Merchant Tip ☑ Other: 1 . £ . ○ . 1 ⋈ = ○	
This report is to be faxed to the following agen		
Health Department: Tellers on Co	Fax: <u>\$12.</u> Fax: <u>\$12.</u> Fax:	~ 427~3636 - 273.3642
Child Protection Service: NA		
For further information regarding this methaniphetamine laboratory, contact Investigating Officer: Phone 812-459-5000		
This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.		